

Rural District of Chailey.

Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1946.

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Public Health Department,
Lewes House,
LEWES, Sussex.
11th October, 1947.

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CHAILEY RURAL DISTRICT COUNCIL.

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

11th October, 1947.

To the Chairman and Members of the Chailey Rural District Council.

Mr. Chairman, my Lord, Ladies and Gentlemen,

I have much pleasure in submitting the Annual Report for the year 1946 on the health of the inhabitants and on the sanitary conditions of the Rural District of Chailey.

The estimated population for the year was 18,410. During the last year or two the population of the District has been increasing. This increase has been due more to families from elsewhere coming to reside in the District and to the return of former residents than to an excess of births over deaths.

The number of births during 1946 was not large, and the birth rate was 16.73 per 1,000 population, as compared with 19.1 per 1,000 population for England and Wales for the same period.

The death rate for the year under review was not a heavy one. It was 13.03 per 1,000 population, and the highest death rate since 1941. Deaths of infants under one year of age produced a rate of 38.96 per 1,000 live births, as against a figure of 43.00 for the whole of England and Wales.

On reference to the table on page 10 of the Report, it can be seen that, according to the case rates, the more common infectious diseases were much less in occurrence in the Chailey District than in the country as a whole. There were no deaths from notifiable infectious diseases in 1946 in your area.

Concerning pulmonary tuberculosis, eleven new cases were notified during the year, compared with five new cases notified in the previous year. Eleven new cases of non-pulmonary tuberculosis were notified in 1946, as compared with fourteen new cases in 1945. Two deaths were ascribed to pulmonary tuberculosis; there were no deaths from non-pulmonary tuberculosis during 1946.

The main features concerning the sanitary conditions of the area were : the urgent need for the re-construction of existing sewage disposal works at Ringmer, Ditchling and Firle, and for new sewage disposal schemes for the Parishes stretching from Kingston to Piddinghoe, and for those of Peacehaven, Plumpton and Chailey.

The scarcity of houses was accentuated during the year, and further deterioration of existing dwellings was marked. Overcrowding was also on the increase, especially in small cottages. During the year Nissen Huts were pressed into service as dwellings. The great need of new housing accommodation for farm workers, and to attract more men to the land, was evident.

A housing survey of the whole of the Chailey Rural District was practically completed during 1946. This survey ranks as the largest single operation undertaken by your Authority. The survey, now completed at the time of writing, gives the housing situation in the area, both generally and in detail, as regards houses for major or minor repairs, and for clearance. Plans can thus be made for housing schemes for years in advance.

Taken altogether, the health of the inhabitants of the District during the year 1946 was remarkably good in that no epidemic illnesses occurred; of infectious diseases cases the incidence was low and the mortality was nil. The general death rate was the lowest recorded since 1941.

In closing, I wish to thank the officials of other Departments for their ready help and courtesy, the general practitioners of the area for their collaboration with the Public Health Department, the Public Health staff for their assistance in many matters, and lastly, and chiefly, the Chairman and members of the Housing, Public Health and Sanitary Committee, who have always had the maintenance, at a high standard, of the health of the inhabitants of the District in the forefront of their endeavours.

I am, Mr. Chairman, my Lord, Ladies and Gentlemen,

Yours obediently,

G. M. D. S. B. LOBBAN,

M.B., Ch.B., D.P.H.,

Fellow R.S.I.,

Fellow R.I.P.H.,

Fellow S.M.O.H., &c.,

Medical Officer of Health.

SECTION I.

STATISTICS OF THE AREA, 1946.

Area (in Acres)	..	..	..	..	..	..	..	66,014
Population	..	..	..	..	..	..	..	18,410
Rateable Value (estimated)	..	..	..	..	..	..	..	£148,816
Sum represented by Penny Rate (estimated)	..	..	..	..	..	..	..	£600

EXTRACTS FROM VITAL STATISTICS.

							<i>Rate per 1,000 Population</i>
Live Births.				<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	
Legitimate	..	..	..	158	125	283	
Illegitimate	..	..	..	14	11	25	
						308	16.73
Deaths	..	..	..	110	130	240	13.03
							<i>Rate per 1,000 Live & Still Births</i>
Number of women dying in, or in consequence of childbirth						2	6.26
							<i>Rate per 1,000 Live Births</i>
Deaths of infants under one year (usually spoken of as the In- fantile Mortality Rate)	..			9	3	12	38.96

BIRTH RATE

For the year 1946 the birth rate for Chailey was 16.73 per 1,000 population. This rate, compared with that of 15.35 per 1,000 population for the year 1945 was a slightly higher one.

Statistics of births are of interest, mainly because of their relation to the population growth. Birth rates are, of course, directly influenced by the number of women in a community of child-bearing age. The child-bearing period of life may be considered as between the ages of fifteen and forty-nine ; the ages between twenty-five and forty-five are, for most who live in this country, however, those mainly productive.

Other factors influence the birth rate, and some of these are : the number of marriages in a community, ages at marriage, and those relating to economic conditions, in a given locality.

The growth of a population, which is usually and mainly attained by a natural increase, i.e., by a continued excess of births over deaths, often determines a locality's prosperity. A decrease, if continued, often determines the reverse. An exception to this rule is found where a district is mainly residential, and the growth of the population is mainly attained by immigration of chiefly middle-aged and elderly people who are retired, semi-retired, or still fully engaged in occupations, but are nearing the ages of retirement.

In public health administration, registration of births shows where the babies are, and makes possible such observance and protection as the public health department should extend. Birth registration is also useful to check up children who have, or who have not, been vaccinated against smallpox, or immunised against diphtheria. It is also possible to see that babies of poor families have proper food and adequate attention.

DEATH RATE

The annual death rate in Chailey for 1946 was 13.03 per 1,000 population, as compared with 16.97 per 1,000 population in 1945. The total number of deaths was 240, i.e., 110 male and 130 female, and the causes were as follows :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Heart Disease	38	53	91
Cancer	14	25	39
Intra-Cranial Vascular Lesions	9	15	24
Pneumonia	10	10	20
Other Digestive Diseases	5	2	7
Bronchitis	3	4	7
Influenza	3	2	5
Nephritis	2	3	5
Other Diseases of the Circulatory System	2	2	4
Congenital Malformation, Birth Injuries, Infantile Diseases	3	—	3
Suicide	2	1	3
Tuberculosis of Respiratory System	1	1	2
Syphilitic Diseases	2	—	2
Other Maternal Causes	—	2	2
Premature Birth	2	—	2
Other Violent Causes	2	—	2
Ulcer of the Stomach or Duodenum	1	—	1
Diarrhoea under two years of age	—	1	1
Road Traffic Accident	1	—	1
Diabetes	—	1	1
All other Causes	10	8	18
	110	130	240

As in former years, the chief cause of death in 1946 was heart disease with 91 deaths. This is followed by 39 deaths from cancer. Heart disease and cancer usually head the list year after year. Intra-cranial vascular lesions, mostly "strokes," claimed 24 victims. Deaths from pneumonia numbered 20 ; from other digestive diseases 7 ; from bronchitis also 7 ; from influenza and nephritis 5 each ; from other diseases of the circulatory system 4 ; from suicide 3 ; from congenital malformation, birth injuries or infantile diseases 3 ; there were two deaths from each of the following causes : tuberculosis of the

respiratory system, syphilitic diseases, other maternal causes, premature birth, and other violent causes ; from ulcer of the stomach, or duodenum, diarrhoea under two years of age, road traffic accident and diabetes, there was one death from each. From all other causes, not specifically classified, there were 18 deaths.

The vast majority of deaths occurred in elderly people ; most lived well beyond the three score years and ten.

Primarily, death rates are of interest because of their relation to changes in population. Apart from the factors of immigration and emigration to and from a community, death rates indicate the losses being sustained by a population in the same way as birth rates indicate the additions.

Death rates show the extent of loss by death caused by diseases ; in this connection they have performed an important service in creating interest in public health and in securing support for public health measures. Death rates, however, give a very imperfect view of the prevalence of disease. There is no absolutely fixed ratio between sickness and mortality. For instance, the fatality of a given infectious disease varies greatly in different outbreaks under varying conditions. Statistics of the living are required more, although death rates are useful and necessary figures. Statistics of the living exist in the shape of the incidence of the various notifiable infectious diseases, of tuberculosis, etc., but practically none for the incidence of heart disease, cancer, rheumatism, gastric ulcer, kidney diseases, and nervous diseases, each of which may cause great disablement at some time or another, and to loss of health and efficiency.

As already stated, a population increases because of the excess of births over deaths, that is, by natural increase. In a stationary population, the birth rate equals the death rate. The birth rate depends for its excess over the death rate upon the ever-increasing number of child-producing elements in the population, and the resulting greater numbers in the younger age groups. Other things being equal, a community with a high birth rate will, because of the great proportion of the population in the younger age groups, have a lower death rate than a community with a low birth rate.

SPECIFIC CAUSES OF DEATH.

1. **Heart Disease.**—Heart disease is composed of a large number of highly diverse conditions and diseases. From 2 to 2.5 per cent. of applicants for life insurance are rejected on account of heart disease. Besides shortening life, heart disease is responsible for much disability and invalidism. Not all heart lesions are fatal. As to the prevalence of heart disease, there is little difference according to occupation, and comprehensive knowledge concerning its prevalence and different causes is lacking. This points to a good deal of further research being required, especially in view of the leading place which heart disease occupies year after year as a cause of death and as a cause of a great deal of disability.

2. **Cancer.**—Cancer is a general term covering all malignant tissues of different kinds of cancerous affection. There is some connection between modern conditions of living and the increase of cancer, but the actual cause of cancer has not so far been discovered. It seems clear, however, that chronic irritation may induce cancer in susceptible persons. Thus we have cancer in shale oil workers, bad cancer in chimney sweeps and in X-ray workers. Many cases of cancer can be cured if treated early enough. The popular conception that cancer is always a hopeless and incurable disease is not correct. At first cancer appears to be local, and if detected in time, and removed, there is a high possibility of cure.

3 **Intra-Cranial Vascular Lesions.**—These vascular lesions are usually cerebral haemorrhages. In some families there is a tendency to degeneration of the blood vessels. These degenerated vessels are then more liable to burst, the haemorrhage so produced from the cerebral blood vessels thus causes intra-cranial vascular lesions. Predisposing factors are nephritis, alcoholism, chronic muscular strains, and high blood 'pressure, the latter due to a variety of causes, such as the hypertension of present-day life.

BIRTH, DEATH AND POPULATION TABLE.

The population of Chailey reached its highest level in 1940—a war year. The highest pre-war population was that of mid-1939, when it was 17,610. The following tables give the annual populations, numbers of births, numbers of deaths, birth rates and death rates for the two ten-year periods, 1918 to 1927 and 1937 to 1946 :—

Table A.—1918 to 1927

<i>Year</i>	<i>Population</i>	<i>Births</i>	<i>Birth Rate</i>	<i>Deaths</i>	<i>Death Rate</i>
1918	10,020	143	14.27	164	16.36
1919	10,530	149	14.15	153	14.52
1920	10,950	293	26.75	120	10.95
1921	12,590	230	18.26	100	7.94
1922	12,650	202	15.96	140	11.06
1923	12,670	200	15.78	125	9.86
1924	12,780	170	13.30	116	9.07
1925	12,740	179	14.05	134	10.51
1926	12,700	181	14.25	125	9.84
1927	12,800	161	12.57	165	12.89

Table B.—1937 to 1946

1937	17,240	219	12.70	184	10.67
1938	17,400	216	12.41	213	12.24
1939	17,610	214	12.25	330	18.73
1940	18,600	243	13.06	250	13.44
1941	18,310	231	12.61	233	12.72
1942	17,410	296	17.00	257	14.76
1943	16,830	306	18.18	231	13.72
1944	16,630	309	18.58	220	13.22
1945	17,320	266	15.35	294	16.97
1946	18,410	308	16.73	240	13.03

On studying these tables one observes that :—

- (1) The increase in the population from 1918 to 1927 was 2,780, whilst the increase in a larger population from 1937 to 1946 was 1,170.
- (2) The average annual birth rate for the 1918 to 1927 series was not much greater than the average annual birth rate for the 1937 to 1946 series.
- (3) The average annual death rate for the first ten-year period was less than the average annual death rate for the second ten years.
- (4) The excess of births over deaths in the 1918 to 1927 period was 566, and in the 1937 to 1946 period was 156.

Populations are dynamic, that is, they are constantly changing. They are increased by individuals being added to them by immigration, and they suffer a continuous diminution by reason of emigration. As in some other countries, so in this, there has been a constant movement of young men and women from the rural localities to the towns, and of older people from the towns to certain rural districts, the latter selected on account of a good climate, the absence of town stress, turmoil, and noise, and so on.

All populations increase by births and suffer losses by deaths. The rate of change, however, resulting from births and deaths is usually comparatively constant, or alters gradually, while changes due to migrations may be exceedingly irregular. The increase in a population caused by the excess of births over deaths is known as a natural increase. A district in which the birth and death rates are equal, or almost equal, and in which the factor of migration is negligible, will have a fixed population.

As a population is dynamic there is a danger in thinking solely in terms of total numbers. Nevertheless, from the facts given in the tables A and B, various assumptions can be made.

It seems obvious that the increases of population shown in the two decades were due more to immigration than to natural increases. This is suggested by the fact that in both decades the excesses of births over deaths did not account in great part for those increases of population. In the first ten-year period the natural increase was less than one-fifth of the total gain in population, and in the second accounted for about one-seventh.

It is an axiom that the younger the population, the less the death rate. The converse is also true. In the first ten-year period the average death rate is much less than that of the second period. Factors contributing towards the probable raising of the general age of the population in the 1937 to 1946 period were the emigration of young men and women from the District and a further immigration to the District of people of the older age groups in the period and in the intervening years between the two decades.

It is significant that the excess of births over deaths, amounting to little less than one-fifth of the total population increase in the first decade when the population was smaller, was more than the natural increase—about one-seventh of the total gain in population—in the second decade when the population was larger.

It seems clear, then, that the increases of population of the Chailey District have been mainly due to immigration, and the average age of the population in the 1918 to 1927 period was less than that in the 1937 to 1946 decade. There seems little doubt that there has been a continual drift of the younger members of the population from the District between both decades. Immigrants in the 1937 to 1946 period belonged to higher age groups than those in the 1918 to 1927 period.

In all districts and in all populations it is very necessary to have a fairly large proportion of young people, otherwise the main industries or occupations, and all that is allied thereto, will suffer. From the point of view of possessing a young section of the population in the Chailey District, the 1918 to 1927 decade was in a better position than the later decade 1937 to 1946. It appears that every effort should be made to retain the younger section of the community.

To sum up, therefore :—

- (a) The difference between the numbers of births and deaths in the two decades has not been the main factor in the increase of population.
- (b) The chief factor which affected the increase has been the preponderance of immigrants over emigrants.
- (c) Changes of boundaries need not be discussed as there is ample room for a larger population within the present boundaries of the District.

Birth Rates, Civilian Death Rates, Analysis of Mortality, Maternal Mortality and Case Rates for certain Infectious Diseases in the year 1946.
Provisional Figures based on Weekly and Quarterly Returns.

	England and Wales.	126 County Boroughs and Great Towns, including London.	148 Smaller Towns : Resident Pop. 25,000 to 50,000 at 1931 Census.	London Administrative County.	Chailey.
Rates per 1,000 Civilian Population :—					
Live Births ..	†19.1	22.2	21.3	21.5	16.73
Still Births ..	†0.53	0.67	0.59	0.54	0.59
Deaths.					
All causes ..	†11.5	12.7	11.7	12.7	13.03
Typhoid and Paratyphoid ..	0.00	0.00	0.00	0.00	0.00
Scarlet Fever ..	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.02	0.00
Diphtheria ..	0.01	0.01	0.01	0.01	0.00
Influenza ..	0.15	0.13	0.14	0.12	0.27
Smallpox ..	0.00	0.00	0.00	0.00	0.00
Measles ..	0.00	0.01	0.00	0.01	0.00
Rates per 1,000 Live Births :—					
Deaths under 1 Year of Age ..	*43	46	37	41	38.96
Deaths from Diarrhoea and Enteritis under 2 years of age	4.4	6.1	2.8	4.2	3.24
Rates per 1,000 Civilian Population :—					
Notifications.					
Typhoid Fever ..	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fev.	0.02	0.02	0.01	0.01	0.00
Cerebro-Spinal Fever ..	0.05	0.05	0.04	0.06	0.16
Scarlet Fever ..	1.38	1.51	1.33	1.42	0.54
Whooping Cough	2.28	2.48	2.05	2.22	0.92
Diphtheria ..	0.28	0.32	0.31	0.24	0.10
Erysipelas ..	0.22	0.25	0.22	0.27	0.05
Smallpox ..	0.00	0.00	0.00	0.00	0.00
Measles ..	3.92	4.73	3.70	7.35	1.95
Pneumonia ..	0.89	1.02	0.74	0.75	0.27
Rates per 1,000 Total Births (Live and Still) :—					
(a) Notifications :—					
Puerperal Fever } Ditto Pyrexia .. }	8.50	10.35	7.63	1.62 ‡9.68	9.40
(b) Maternal Mortality in England and Wales :—					
No. 140. Abortion with Sepsis. 0.13	No. 141. Abortion without Sepsis. 0.06	No. 147. Puerperal Infections. 0.18	Nos. 142-146, 148-150, Other. 1.06	Chailey. 6.26	
Abortion :—					
Mortality per million women aged 15-45 in England and Wales :—					
No. 140.—With Sepsis.		No. 141.—Without Sepsis.			
11		5		Nil	

* Per 1,000 related births. † Rates per 1,000 Total Population. ‡ Including Puerperal Fever.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.**LABORATORY FACILITIES.**

(1) Clinical Research Association, South Road, Haywards Heath—For swabs, sputa, examinations, etc.

(2) R. F. Wright, Esq., Public Analyst, Wraysbury, Offham Road, Lewes—For milk and water samples.

AMBULANCE FACILITIES.

(a) **For Infectious Diseases.**—An Ambulance from the Brighton Infectious Diseases Hospital conveys patients to the Sanatorium.

(b) **For Non-Infectious Diseases.**—The St. John Ambulance Brigade provides two motor ambulances and one sitting case car for the removal of accident cases and cases of illness requiring hospital treatment.

(c) **For Tuberculous Cases.**—Facilities for transport of patients by motor ambulance are provided by the East Sussex County Council.

NURSING IN THE HOME.

Home Nursing is carried out by the East Sussex County Nursing Federation through the District Nursing Associations.

CLINICS AND TREATMENT CENTRES.

- (1) Light Clinic, Castlegate House, Lewes—(E.S.C.C.)
- (2) Orthopaedic Clinic, Castlegate House, Lewes—(E.S.C.C.)
- (3) Tuberculosis Clinic, Castlegate House, Lewes—(E.S.C.C.)

HOSPITALS.

- (1) **Fever.**—Brighton Sanatorium, Bear Road, Brighton—(Brighton C.B.C.)
- (2) **Smallpox.**—Sedgebrook Hospital, Plumpton—(District Committee)
- (3) **Tuberculosis.**—Darvell Hall Sanatorium, Robertsbridge—(E.S.C.C.)
- (4) **Non-Infectious Illness.**—Royal Sussex County Hospital, Brighton—(Voluntary)

Etc.

POOR LAW MEDICAL AID RELIEF.

The arrangements for the provision of medical assistance for those in poor circumstances are made by the East Sussex County Council.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Arrangements for the care and institutional treatment of mental defectives are made by the East Sussex County Council.

SECTION III.

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION
OF THE AREA.

1. WATER SUPPLY.

The Statutory Water Authorities supplying the various parts of the Rural District are :—

Chailey Rural District Council
Brighton County Borough Council
Lewes Borough Council
Newhaven and Seaford Water Co.
Burgess Hill Water Co.
Mid-Sussex Joint Water Board

Each of these Authorities carry out regular sampling. In no instance during the year has the quality of the water of any of these public supplies fallen below its usual high standard.

The rainfall during the year 1946 was well above the average, and there was no shortage of water in any part of the area.

A copy of a typical bacteriological and chemical analysis of the water supplied by the Council's undertaking is given below :—

“ A sample taken from the Pumping Main, Offham Waterworks, on the 15th November, 1946, showed the following characteristics :

Colour — None
Smell — None
Sediment — None

Chemical Analysis .					Grains per Gallon	Parts per Million
Total Solids (dried at 100°C)	..	..	..	..	18.4	
Solids (after ignition)	..	..	..	..	14.0	
Chlorine	..	..	..	..	1.5	
Ammonia (free)	..	..	..	..		.. .018
Ammonia (albuminoid)	..	..	..	..		.. .018
Oxygen taken from permanganate in $\frac{1}{4}$ -hour					Nil	
Oxygen taken from permanganate in 4 hours					Nil	
Nitrogen as Nitrates and Nitrites	..	..	..	..	.11	
Nitrites	..	..	..	..	Nil	
Hardness (total)	..	..	..	..	14.4	
Hardness (after boiling)	..	..	..	..	4.8	
Phosphates	..	..	..	..	Nil	
Metallic Impurity	..	..	..	..	Iron .01	
PH.	..	..	7.0			
Free Chlorine	..	..	..	..		.. 0.15

Bacteriological Examination :

The organisms per ml. which grew on Nutrient Agar in three days at 22°C. under aerobic conditions and were then visible to the naked eye as colonies, numbered 0

On Agar at blood temperature and under aerobic conditions 0 colonies were noticed after two days' incubation.

Report.

Both chemically and bacteriologically this water is satisfactory, and I am of opinion that it is perfectly safe for drinking purposes.

R. F. WRIGHT,

19th November, 1946.

Public Analyst.”

There has been no evidence that any of the samples submitted for analysis were plumbo solvent.

During the year 4,896 lineal yards of 4in. main have been laid to those areas in greatest need, being part of the Council's long-term programme for the extension of water mains. New connections made to the main during the year were as follows :—

Premises on Rateable Value ..	94
Premises on Meter Supply ..	37

During the year 33 samples of water were taken from private sources.

Twelve dwellings were connected to the main supply as a result of informal notices served.

2. DRAINAGE AND SEWERAGE.

The only extension to sewers made during the year was at Ditchling, where a 6in. sewer was extended for some 50 yards.

The need for new sewage schemes in the unsewered Parishes of Kingston, Rodmell, Iford, Peacehaven, Piddinghoe, Plumpton and Chailey is more urgent than ever ; while the need for reconstruction of the Sewage Disposal Works at Ringmer, Ditchling and Firle is very great. A report prepared by the Medical Officer of Health and the Chief Sanitary Inspector was presented to the Council, in which the whole position as to sewerage and sewage disposal in all the Parishes in the area was reviewed. A report on the proposed new sewers and sewage disposal system for the Parishes of Kingston, Iford and Rodmell was prepared by the Council's Consulting Engineers, and was considered by the Council.

3. PUBLIC CLEANSING.

The once-fortnightly collection of house refuse throughout the Rural District was maintained during the year, two refuse collecting vehicles being employed solely on this work.

During the year the three controlled tips in the Rural area were closed. By arrangement with the Lewes Borough Council, all refuse collected in the area was disposed of by tipping at the Borough Tip, by which means it is hoped that greater efficiency and economy will be effected. The controlled tips previously in use at Ringmer and Peacehaven have reached the limit of their capacity.

The Council continued to operate their Cesspool Emptying Service throughout the year, two machines being in constant use. A new machine was delivered at the end of the year for service in January, 1947. The charges made for the service to householders do not quite cover the cost of operations ; the deficit chargeable to the rates approximates to $\frac{1}{2}$ d. rate.

4. HOUSING.

Work on the Housing Survey of the Rural District was the principal housing activity of the year. The final report will provide the statistics for the future building and re-conditioning programmes for some years to come.

During the year Notices requiring work of repair under the Housing Acts were served in respect of 52 dwellings ; all have been complied with. Seven cottages were thoroughly re-conditioned to the standard required by the Joint Committee. No dwellings were demolished as a result of Statutory Notices.

The scarcity of housing accommodation is more marked as the demobilisation of the Forces progresses. Overcrowding of small dwellings has increased to an alarming degree, and numerous temporary dwellings, unfit for human habitation, are becoming occupied by young families in great distress. The degree of disrepair of the older houses is great, while the difficulties and restrictions in relation to building labour and materials make it almost impossible to get repair work carried out.

The Council's building programme is now well under way ; by the end of the year twelve houses were completed ; four houses were occupied and thirty-six houses were in course of erection.

5. REQUISITIONING.

A great deal of time and energy were devoted to the requisitioning of property for the purpose of providing accommodation for persons inadequately housed. A special Sub-Committee was set up by the Council to deal with all matters connected with requisitioning and the selection of tenants. The Sub-Committee met on fourteen occasions and considered reports on all properties which appeared to be suitable for requisition ; in every case the owner or his agent was given the opportunity to appear before the Committee and of being present when his property was being considered. In this way the desired result, namely, the full occupation of property by persons most in need, was obtained by informal means, without recourse to requisitioning.

In September the Council accepted the transfer of a Military Camp consisting of Nissen Huts. These huts were adapted as far as practicable, and having regard to reasonable cost, to house twenty-seven families. While it leaves much to be desired as regards normal housing standards, this camp has provided accommodation for families whose need was truly desperate.

At the end of the year twenty-seven properties were under requisition, providing accommodation for thirty-nine families, together with one Military Camp housing twenty-seven families.

6. MILK AND DAIRIES ORDER, 1926.

Inspections under the Milk and Dairies Order, 1926, totalled 204. It was necessary in three instances to serve formal notices upon milk producers in order to obtain required improvements in milking conditions. Two cow-stalls were re-built, and one dairy was re-constructed during the year.

7. FOOD INSPECTION.

The following articles of food were examined and found to be unfit for human consumption :—

Milk	..	..	..	..	..	48	tins
Stewed Steak	..	..	..	..	..	55	„
Miscellaneous Tinned Foods	..	..	..	..	..	28	„
Imported Beef	..	..	..	..	..	108	lbs.
Pig's Head and Pluck	..	..	..	..	..	21	„
Corned Beef	..	..	..	..	..	275	„
Wet Fish	..	..	..	..	..	27	st.
Shellfish	..	..	..	..	..	2	„
Smoked Fish	..	..	..	..	..	3	„

8. RODENT CONTROL.

A part-time operator was available for a part of the year only, and accordingly a limited amount of work only was accomplished. The three refuse tips in the area were treated regularly and kept under control. Forty-five premises were treated, giving an estimated kill of 763 rats.

9. VERMINOUS PREMISES.

Complaints concerning verminous premises were few in the District, seven premises being treated by the Council's employees.

10. FACTORIES AND WORKSHOPS ACT, 1937.

Eleven visits were made to premises, and in one case only was it necessary to serve notices for the provision of new Sanitary accommodation.

11. SUMMARY OF VISITS.

House Inspections under the Housing Regulations	290
Housing Surveys completed	1,765
Other Inspections of Houses not included above	385
Visits in connection with Nuisances	177
Visits to Slaughter Houses, Butchers' Shops and Food Premises	139
Visits to Cowstalls and Dairies	104
Visits re Drainage	307
Number of Drains tested	99
Number of Milk Samples taken for Analysis	7
Number of Water Samples taken for Analysis	35
Number of Visits re Water Supply	39
Visits in connection with Infectious Diseases	55
Number of Rooms Fumigated	22
Visits to Sewage Outfall Works and Sewers	85
Visits to Refuse Tips	32
Visits under the Petroleum Acts	21
Visits in connection with Salvage	2
Visits under Factories' and Workshops' Acts	11
Visits in connection with the issue of Building Licences and Certificates of Essentiality	43
Number of Miscellaneous Visits	334
Visits in connection with Tents, Vans and Sheds	14
Visits in connection with Government Evacuation Scheme, Residual Services and Requisitioned Premises	656
Visits to Rushey Hill Camp, Peacehaven	437
Visits in connection with Verminous Premises	24

12. LICENCES ISSUED.

To Store Petrol	44
To Slaughter Animals	5
For Moveable Dwellings	1
For Cow-Keepers—Wholesale	16
Retail	3

13. NOTICES.

Notices issued	79
Notices complied with	76
Notices outstanding at the end of the year	3
Statutory Notices issued	3
Statutory Notices complied with	3

SECTION IV.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1946.				
<i>Disease</i>	<i>Total Cases Notified.</i>	<i>Cases Admitted to Hospital.</i>	<i>Total Deaths.</i>	
Diphtheria	2	2	—	
Scarlet Fever	10	5	—	
Whooping Cough ..	17	—	—	
Measles	36	1	—	
Erysipelas	1	—	—	
Pneumonia	5	—	—	
Cerebro-Spinal Meningitis	1	1	—	
Puerperal Pyrexia ..	3	—	—	
Bacillary Dysentery ..	1	—	—	
Abortus Fever	1	—	—	
Poliomyelitis	3	3	—	

INFECTIOUS DISEASES GENERALLY

1. **Diphtheria.**—Two cases of diphtheria were notified in 1946. There were no deaths from this disease during the year. Diphtheria has become rare, due to a large block of children having been immunised against it. If all children between the ages of one and fifteen years were immunised against diphtheria, the disease would be virtually abolished within a few years.

The best age at which to immunise a child is twelve months, with a further single dose at five years, but all children between one and fifteen years should be immunised, and the sooner the better. Immunisation is provided free. More than 6,000,000 children in this country have been immunised under local authority schemes.

Some families in the Chailey Rural District have not so far had their children so protected. These parents are advised to ask their family doctors for immunisation, or to fill up the consent forms which are issued, or to contact the Chailey Public Health Department, Lewes House, Lewes, so that the children are immunised without delay.

2. **Scarlet Fever.**—In all, ten cases of scarlet fever were notified, all being of the mild type. Five of the cases were admitted to hospital. Formerly in this country a much more malignant form of scarlet fever existed. This has been largely replaced by the mild form. No deaths were recorded in 1946 from this disease.

3. **Measles.**—Thirty-six cases of measles were notified during 1946, with no deaths. After a child has been infected with measles, usually a high level of protection is developed. This protection may, in rare cases, occasionally disappear, as shown by a second attack, but the protection from one attack is reasonably lasting.

4. **Whooping Cough.**—Seventeen cases of whooping cough were notified, with no deaths. The seriousness of this disease is not due to whooping cough itself but to pneumonia which may complicate it. Good medical and nursing care should be given to cases, especially in younger children. Active immunisation shows promise of being of some value in the control of this disease, but there is not so far the mass of evidence, as in the case of active immunisation against diphtheria, that this is of absolutely proved value yet.

5. **Generally.**—Of the rest of the infectious diseases notified in 1946, there were five cases of pneumonia ; three cases each of puerperal pyrexia and poliomyelitis, and one case in each of the following : erysipelas, cerebrospinal meningitis, bacillary dysentery and abortus fever. No deaths were ascribed to any of these notifiable infectious diseases.

SECTION V.

TUBERCULOSIS.

1946—NEW CASES AND MORTALITY.										
Age Periods			New Cases				Deaths.			
			Pulmonary M. F.		Non- Pulmonary M. F.		Pulmonary M. F.		Non- Pulmonary M. F.	
0	..	..	—	—	—	—	—	—	—	—
1	..	..	—	—	—	3	—	—	—	—
5	..	..	—	—	2	1	—	—	—	—
10	..	..	—	—	—	—	—	—	—	—
15	..	..	—	—	2	1	—	—	—	—
20	..	..	1	—	—	—	—	—	—	—
25	..	..	1	1	—	—	—	—	—	—
35	..	..	1	3	—	1	—	—	—	—
45	..	..	1	—	—	1	—	1	—	—
55	..	..	1	—	—	—	1	—	—	—
65 and upwards	..		—	2	—	—	—	—	—	—
Totals ..			5	6	4	7	1	1	—	—

Eleven new cases of pulmonary tuberculosis and eleven new cases of non-pulmonary tuberculosis were notified during 1946 as compared with five new cases of pulmonary tuberculosis and fourteen new cases of non-pulmonary tuberculosis notified in 1945.

Tuberculosis may attack any part of the body, bones and joints, intestines, kidney, brain, heart, etc. The most common site is the lungs. The disease is called pulmonary tuberculosis when the lung system is attacked. When other parts of the body are infected, the disease is classified as non-pulmonary.

Dealing with pulmonary tuberculosis, although the disease is an important cause of death, only a small percentage of those infected die of it. Many persons contract the disease and overcome the infection without any detectable symptoms, and are never seen by a medical man. In most persons it is a long-drawn-out chronic condition frequently punctuated by remissions. The disease can be divided into two types—the primary infection and the re-infection.

The primary infection constitutes the initial response of the body to the infection, and is usually manifested by a localised process in the lungs, such as the tubercle, or an infected lymph node near, or on the root of the lungs.

The re-appearance of the active disease in a person who has successfully combated the primary infection is referred to as the second type, that of re-infection.

The extent of the infection in a community varies with the degree of infection, economic circumstances, the facilities for the segregation of active cases, and the discovery and segregation, if infected, of contacts of the active disease.

Due to circumstances obtaining in the Chailey District, one would not expect a high incidence or a high mortality from pulmonary tuberculosis in the district, and such is the case.

Cleanliness, especially around cases, may destroy some of the pulmonary tubercle bacillus. The amount of infection spread through clothing, bedding, books and articles used by the patient is small in comparison with the spread directly from person to person. In pulmonary cases the escape of the bacillus is by the sputum. Better housing may reduce the congestion and, therefore, the chance of spread.

Formerly, sanatoria were simply places where rest, nourishing diet, and graduated exercises with medical attention for the relief of symptoms were carried out.

Now treatment is concerned more with surgical procedure for the collapse and thus rest of the affected portions of the lung. Some favourable results have been reported by the use of Calmette-Guerin (B.C.G.) vaccine in conferring resistance to the disease. It has been administered principally to children in homes where known exposure to tuberculosis exists. Further experience with this vaccine is necessary before its true value can be measured.

In the Chailey District, the social, domestic and occupational changes brought about by the war and post-war periods do not seem to have increased the incidence of or the mortality from pulmonary tuberculosis.

